

THE STATE OF NEW HAMPSHIRE
INSURANCE DEPARTMENT

Roger A. Sevigny
Commissioner



Thomas S. Burke
Director of Examinations

AMENDED APPLICATION
FOR
THIRD PARTY ADMINISTRATOR
R.S.A. 402-H

ADMINISTRATOR NAME: _____

TRADE NAME (if any): _____

FORMERLY KNOWN AS (if amending name): _____

DOMICILE: _____

ADDRESS: _____

CONTACT NAME (*): _____

CONTACT TITLE: _____ PHONE: _____

CONTACT ADDRESS: _____

E-MAIL ADDRESS: _____

*Note: This Department will only correspond with the named contact person. This individual may be in the company or a contracted person such as a consultant.

FEES

Amendment fee: \$25.00

All checks must be made payable to:

"Treasurer, State of New Hampshire."